

LGU Unit

Documentation of the Assessment Planning Workshop in Davao del Norte

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SUMMARY

Day 1 of the Davao del Norte assessment planning workshop started with an opening program that saw the guests welcoming the participants, inspiring them, and orienting them on some key concerns. The guests were Ms. Carina Stover, Chief, OPHN, USAID; Mr. William R. Goldman, Chief of Party, LEAD for Health; DOH Undersecretary Milagros L. Fernandez; Davao del Norte Governor Rodolfo del Rosario; DOH Regional Director; the mayors of ten participating municipalities and cities; and Dr. Agapito Hornido, Provincial Health Officer of the host province.

Governor del Rosario reiterated his commitment to sustain and intensify current efforts to achieve better health for all. He aims to lead in eradicating malnutrition in the whole region; and enjoins the participants to steadfastly perform their duties as health advocate.

Undersecretary Milagros L. Fernandez acknowledged the vital role of the mayors in the implementation of the LEAD Project. Involving the DOH Regional Directors is a good strategy to ensure the success of the project and sustain its gains. Many projects in the past, she said, produced success stories that “died” after the funds ceased coming.

Dr. Dolores Castillo, DOH Regional Director, congratulated Davao del Norte for doing it again – getting donor assistance to its development initiatives. The reason, she said, was that it has always been bold enough to accept the challenge every time an opportunity comes its way. She hoped that Davao del Norte will continue to become the model that it is to other LGUs in the region.

Ms. Carina Stover called on the local leaders to create health models and make a difference. As leaders, they have to have the community informed, educated and involved on all their concerns, especially health.

Dr. Agapito Hornido presented the provincial health situation, starting with the profile of the province, followed by its best health practices.

LEAD for Health’s Chief of Party, Mr. William R. Goldman, oriented the participants on the scope, focus, goals and targets, strategies, and engagement procedures of the project. He stressed that the project’s client is the LGU. He said: “We do it in close coordination with the Department of Health (central and regional), with the different Leagues, and Philhealth.” The clustering approach is used to maximize the efforts of the intervention. A Memorandum of Agreement for Technical Assistance binds the LEAD for Health and the LGU. Collaboration with Service Institutions\Organizations (SIOs) is also considered in fast-tracking the implementation. Another special strategy is Contraceptive Self Reliance (CSR). In anticipating the stoppage of donor funding for contraceptives, this LGU-specific CSR Strategy is the integral part of the assistance package to be provided to LGUs.

After the open forum, Ms Tita Ragragio, LEAD's Advocacy Specialist, gave a brief workshop overview, covering the workshop objectives, expected outcomes/outputs, and the workshop process flow; and reviewed the program of activities.

After the lunch break, the participants were divided into groups for the workshops that consumed the rest of the afternoon, and more than half of day 2. The workshop outputs are presented below.

GROUP 1

TAGUM CITY & NEW CORELLA

Preliminaries

The workshop started at 1:45pm with a prayer. Introduction of each participant followed.

Workshop Proper

Templates were posted on the wall. The facilitator gives a brief overview of the workshop followed by the following instructions:

- Identify programs in the four areas concern (Family Planning, TB-DOTS, Vitamin A Supplementation & HIV/AIDS).
- List current/ongoing projects with the following information:
 - Coverage of the project e.g. how many barangays,
 - Duration of the projects,
 - Budget and sources of funds (regular DOH programs and Donor Funded)
- One set per municipality

GROUP 1 WORKSHOP OUTPUT

TAGUM CITY

Session 2: THE LGU HEALTH SITUATION

1. Current Programs and Projects

AREA OF CONCERN	PROGRAM/ PROJECT DESCRIPTION	DURATION	SOURCE
Family Planning	FP Clinic	Contraceptive only (up to 2007)	USAID
	FP Counseling	ON-GOING	LGU & DOH
	Trainings & seminars		
	IEC		
TB/DOTS	Case Finding	ONGOING	DOH-LGU
	Treatment SCC Drugs		
	One-year pilot project to 23 brgys.	CY 2004	DOH/Global Fund
Vitamin A supplementation	Garantisadong Pambata (<i>Vitamin A Supplementation 1-5 years old</i>)	Every six (6) months	DOH/Helen Keller
ROUTINE	Measles immunization	ONGOING	
	AP & PP Woman		
STI-HIV/AIDS	Case Finding	Ongoing	LGU
	Treatment		
	Health Education		
	Disease Surveillance	Ongoing	LGU/DOH

2. Output by Health Indicator, Management System and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • POP. = 195,781 • MCRA = 23,298 • CPR = 58 • Current users for all methods = 13,513 • New Acceptors = 3,183 	<ul style="list-style-type: none"> • CBMIS/Data Health Board • Adequate Records Keeping • Computerized Health Info. System • No City Health Office Bldg. • Adequate instrument/Equipment but some are out of order • Per Brgy down to purok 	<ul style="list-style-type: none"> • 200 PhilHealth indigents enrolled • P346,020,700.09 LGU Total Expenditures for 2003 • P27,020,700.09 LGU Total Expenditures for Health
TB/DOTS	<ul style="list-style-type: none"> • 70% case detection • 82% conversion rate • 48% cure rate 	<ul style="list-style-type: none"> • 1 per RHU nurse TB Coordinator • Trained Med. Tech = 3 employees (2 JICA trained) • Adequate functional microscopes • Adequate drugs and med. Lab. Supplies • Adequate recording and reporting system • Quarterly NTP report • Monthly Local Health Board Meeting. 	<ul style="list-style-type: none"> • P1 Million – for TB control program from the LGU

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Vitamin A Supplementation	<ul style="list-style-type: none"> • 119% Vitamin A (PMEC) • ROUTINE = 80% 	<ul style="list-style-type: none"> • Quarterly nutrition Report • Vitamin A/Nutrition Coordinator/CN C 	<ul style="list-style-type: none"> • Helen Keller
STI	<ul style="list-style-type: none"> • Cases '03 (STI) GC = 26 NGU = 379 • TRICH = 74 CAND'SIS = 52 	<ul style="list-style-type: none"> • Trained PHN & Med Tech on STI (JICA) • Adequate Lab and Supplies • Adequate Recording & reporting systems 	

3. Strength and Accomplishments, Gaps and Needs

AREA OF CONCERN	STRENGTH/ ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> • CBMIS – Monthly Updating • Presence of 3 WFMCs • Good fund management, well apportioned (City Budget) • 23 trained for service personnel • Partnership with private clinic • Referral hospital DRH & CDH • Regular distribution of Contraceptives thru CDLMIS 	<ul style="list-style-type: none"> • Benefits & Incentives for health personnel not fully enjoyed • Strong church advocacy against artificial contraceptives • No City health building • Only one doctor for 195,000+ population • Hired CHO personnel do not fit the needs of the organization.
Vitamin A Supplementation	<ul style="list-style-type: none"> • Integrated with PMECs door to door strategy • Trained BHWs & BNS to give vitamin A • CBMIS – monthly updates – ID of children for supplementation 	<ul style="list-style-type: none"> • No available supply for 200T I.V.

AREA OF CONCERN	STRENGTH/ ACCOMPLISHMENTS	GAPS/NEEDS
TB/DOTS	<ul style="list-style-type: none"> • Trained personnel (Tx management) Doc, N, MW • Adequate medical laboratory supplies • Active local health board • LGU resolution making TB as majority program • Separate Budget 4 PTB P1Million • Jica trained med. Tech. • Active treatment partners = BHWs and Family members • Fixed dose TB Tx implemented 	<ul style="list-style-type: none"> • Needs: PhilHealth/PhilCAT accreditation • Gaps: TB drugs for pediatric cases • Private Practitioners not practicing DOTS • LGU wants to continue dole-out practice • CHO = not yet philhealth, philcat accredited • Drug reactions • Failure of patients to submit for PF-Up sputum exam
STI	<ul style="list-style-type: none"> • Presence of 2 Hygiene Clinic (2x/wk) • Partnership with NGOs form IEC • Registered Sex Workers • Quarterly VDRL for registered sex workers • Surveillance team for contact tracing • Trained personnel 9Nurses, Med. Tech) • Proprietors of entertainment establishments' participation in the prevention/control of STI. 	<ul style="list-style-type: none"> • Big No. of unregistered sex workers • Gaps: inadequate space for RHU laboratory • Presence of “buntogs” (no known program for them)

Common GAPS for TAGUM and NEW CORELLA

- Benefits, incentives not fully enjoyed
- Lack of national support for implementation
- No additional budget for operationalization of special projects, ex. PMEC.

Session 3: STRATEGY FORMULATION AND TA NEEDS IDENTIFICATION

Having identified the ongoing programs and given the strengths and gaps, the facilitator presented the focus question:

“What are the broad courses of action we need to take to address these gaps and needs.”

The facilitator also gives a short definition of the word “strategies” for the workshop:

- Considers strength and gaps
- Learns from past mistakes
- Can be accomplished in 3 years
- Not a specific activity
- Not a single event
- Action word *like*
 - *Establish*
 - *Develop*
 - *Institute*
 - *Hasten*
 - *Install*
 - *Strengthen*

Strategies Identified

- Construction of City Health Office
- Acquire PhilHealth Accreditation
- Hire additional Doctors
- Lobby for LGU support of employee benefits and sustainability of all programs
- Install mechanisms for patients counterpart
- Improved follow-up mechanisms for TB patients
- Strengthen FP IEC and promotion of both NFP & artificial contraceptives
- Strengthen IEC on safe sex
- Strengthen surveillance on commercial sex volunteers and “buntogs”
- Strengthen PPM on DOTS
- Improve manpower recruitment system
- Advocate with PhilHealth inclusion of adverse reactions to TB drugs
- Improve CAP on management of complication and adverse reactions on TB drugs.

NEW CORELLA

Session 2: THE LGU HEALTH SITUATION

1. Current Programs and Projects

AREA OF CONCERN	PROGRAM/ PROJECT DESCRIPTION	DURATION	SOURCE
Family Planning	<ul style="list-style-type: none"> • Provision of counseling • All methods regularly provided in 14 brgys. • Ligation is referred to hospital 	Whole year round	DOH, PHO, LGU, USUAID
	<ul style="list-style-type: none"> • No Scalpel Vasectomy • Some BHWs are trained on SDM 	Twice a year	
	<ul style="list-style-type: none"> • Local researches conducted in various topics (FP, TB, etc.) 	Yearly	DMSF Com. Medicine Department.
TB/DOTS	<ul style="list-style-type: none"> • Covers 20 brgys • Involves case finding, treatment and follow-up • Trainings for health staff & BHW 	Whole year round	DOH, LGU

AREA OF CONCERN	PROGRAM/ PROJECT DESCRIPTION	DURATION	SOURCE
Vitamin A Supplementation	<ul style="list-style-type: none"> Provision of Vitamin A to pre-schoolers, school children, pregnant and lactating mothers. 	Whole year round	DOH, Helen Keller, PHO
	<ul style="list-style-type: none"> BNS, BHWs responsible for IEC 		LGU Province & brgy.
	<ul style="list-style-type: none"> Nutrition post established in some brgys (2) 		Purok and Brgy.
No program for STI			

2. Output by Health Indicator, Management System and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> CPR = 54% Ave. Fam. Size = 5 Pop. = 46,530 	<ul style="list-style-type: none"> Trainings and seminars for all health personnel and volunteers Info sys. <ul style="list-style-type: none"> - report Gen/Brgy - Purok Consultations - Brgy. Assemblies - People Congress Info sys. <ul style="list-style-type: none"> - MBN - CBMIS - RHIS Info sys. <ul style="list-style-type: none"> - Report Gen./Brgy. - Purok Consultations - Conduct health 	<ul style="list-style-type: none"> Health budget is less than 8% from the total budget of the LGU 2 brgys with local health financing Brgy counterparts for health programs PHIC enrollees 1,600 families province paid 6% of LDF is provided for health infrastructure.

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		<p>strategic planning</p> <ul style="list-style-type: none"> • Planning <ul style="list-style-type: none"> - Purok Consultations - EBDC/EMDC - Health strategic planning • BHWs are volunteers with minimal honorarium (P20-200/mo from brgy) (P300/year from LGU) (P800/year from Prov.) • 1 doctor, 1 nurse, 7 midwives (on IEC & services) • 197 BHWs, 45 hilots (on advocacy) • Functional local health board • Procurement is through public bidding • Monitoring and evaluation • Annual year-end evaluation • 1 Main Health Center 9 standard BHS 3 ongoing cons BHS 5 no BHS 3 temp BHS • 1 computer unit 7 examining tables 7 IUD kits 	

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
TB/DOTS	<ul style="list-style-type: none"> • CDR = 70% • Conversion rate = 62% • Low cure rate = 48% 	<ul style="list-style-type: none"> • 2 RHM trained on sputum smears • 1 casual med. Tech. • 1 microscope • Quarterly NTP report 	<ul style="list-style-type: none"> • 5% drug requirement procured by LGU
Vitamin A Supplementation	<ul style="list-style-type: none"> • GP = 99% coverage 	<ul style="list-style-type: none"> • Health staff, BHWs, BNS were trained on micro nutrients • Quarterly Nutrition report 	<ul style="list-style-type: none"> • Vitamin A. are provided by DOH

3. Strength and Accomplishments, Gaps and Needs

AREA OF CONCERN	STRENGTH/ ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> • 9 trained service providers • BHWs scholarship • Hiring of local community organizers • 6% of LDF is provided for health infrastructure • MED-TECH trained on sputum microscopy • Regular distribution of contraceptives • BHWs are provided with incentives • Institutionalize purok consultations • RHU-Sentrong Sigla and PHIC accredited • Expanded Local Development Councils • High rate of public awareness on family planning. • Provincial LGU support 	<ul style="list-style-type: none"> • Lack of IEC materials • Poor data banking • Low awareness of community on vasectomy & ligation. • No available streptomycin • Budget support is not at par with health service delivery requirement • 5 brgys without health center • MHO not certified on No Scalper Vasectomy • No standard stockroom • No private sector provider for health services • Casual midwives not trained on FP (4) • Inadequate examining tables and instruments • No service vehicle

AREA OF CONCERN	STRENGTH/ ACCOMPLISHMENTS	GAPS/NEEDS
	for Philhealth indigents <ul style="list-style-type: none"> • CBMIS inplaced in 20 brgys. • MBN survey 	
TB/DOTS	<ul style="list-style-type: none"> • MED-TECH trained on sputum microscopy • Adequate drugs and supplies • All health personnel trained on TB/DOTS • Strong support from DOH/PHO • Strong NGO support (DMSFI/IPHC, AHI) 	<ul style="list-style-type: none"> • 6 brgys are hard to reach • RHMs, BHWs not trained on fixed dose • Poor PTS compliance in sputum follow-up • Limited skills of RHM, BHW on advocacy and counseling • High poverty index – difficulty to do users fee • RHM work overload • Inadequate Personnel complement for rural health services • Lab Facilities need improvement
Vitamin A Supplementation	<ul style="list-style-type: none"> • BNS, BHWs active on Vitamin A supplementation • Local radio plugging on health programs • Peoples congress – 2 brgys with local health financing program (MAHECAP & PEHM) • 2 Health nutrition post • 6 new infant weighing scales • Ordinances <ul style="list-style-type: none"> - BHW incentives - PhilHealth enrollees - Environmental sanitation 	<ul style="list-style-type: none"> • Vitamin A not available from local suppliers • Low Vitamin A coverage for pregnant lactating

Common GAPS for TAGUM and NEW CORELLA

- Benefits, incentives not fully enjoyed
- Lack of national support for implementation
- No additional budget for operationalization of special projects, ex. PMEC.

Having identified the ongoing programs and given the strengths and gaps, the facilitator presented the focus question:

“What are the broad courses of action we need to take to address these gaps and needs.”

The facilitator also gives a short definition of the word “strategies” for the workshop:

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Strategies Identified

- To strengthen community participation
- To establish continuing medical education for health personnel and volunteers
- To establish health data banking at all levels
- To implement the policies agreed upon by the health board regarding Hiring of additional midwives and permanent med. Techs.
- To strengthen the monitoring system on program implementation (FP, TB/DOTS, Vitamin A supplementation, STI)
- To recommend legislative measure for increase in health budget (not less than 10%)
- To upgrade the Sentron Sigla certification of the main health center from level 1 to level 2
- To develop brgy health situations for Sentrong Sigla certification.
- Increase LGU support for indigents program.

CONSOLIDATED STRATEGIES

(Tagum City and New Corella)

- ☐ Adopt Bottom-Up approach in Health Planning & Service Delivery
- ☐ Install Mechanism for patients counterpart
- ☐ Increase Health Manpower (Tagum: Doctors, New Corella: Midwives, Med. Tech.)
- ☐ Establish continuing Medical Education for Health Personnel (Ex. Management of complication)
- ☐ To strengthen the monitoring system on program implementation (FP, TB/DOTS, Vit. A Supplementation, STI)
- ☐ Strengthen IEC on Safe sex, NFP & Artificial Contraceptives, TB/DOTS, and Reproductive Health.
- ☐ Establish and integrated Health Data Banking System at all levels
- ☐ Advocate strong responsive legislative support
- ☐ Develop capability of PPM to do DOTS implementation
- ☐ Advocate with PhilHealth coverage for adverse reactions to TB Drugs

Specific to Tagum City

- ☐ Acquire PhilHealth Accreditation

Specific to New Corella

- ☐ Upgrade Sentrong Sigla Certification of the Main Health Center from Level 1 to Level 2
- ☐ Strengthen Local Health Board recommendatory function to SB

TOP 3 STRATEGIES OF TAGUM

- ☐ Increase Health Humanpower (Doctors).
- ☐ Install Mechanisms for patients counterpart.
- ☐ Establish an integrated health data banking system at all levels.

TOP 3 STRATEGIES OF NEW CORELLA

- ☐ Increase Health Humanpower (MW, MedTech)
- ☐ Establish continuing medical education for H.P. and volunteers.
- ☐ Upgrade the Sentron Sigla certification of the Main Health Center from Level 1 to Level 2

TYPES OF TA SUPPORT REQUESTED

(Tagum City and New Corella)

Family Planning Services

- ☐ BHW competency-based training in FP/MW & Nurses
- ☐ Establish group “counseling” approach for FP/sterilization client orientation (mini-workshops for couples)
- ☐ Link Services to strategies for contraceptive self-reliance (encouraging private sector supply LGU support for commodities, etc)
- ☐ FP updates in new guidelines and in client education for improved continuation
- ☐ IUD insertion refresher and confidence support for midwives and nurses.
- ☐ NSV training (for New Corella Only).
- ☐ Establish referral links between public and private sectors providers
- ☐ Support implementation of local strategies to cope with commodity reductions.
- ☐ Provide DOH-approved, updated reference material for medical eligibility for FP methods
- ☐ Training on NFP
- ☐ Male RH/Male Education on RH

TB

- ☐ Improving case finding
- ☐ Expanding implementation of community-based DOTS support
- ☐ Training on Fixed dose for MW and BNS
- ☐ Training on PPM

STI (TAGUM ONLY)

- ☐ Refresh and update staff and add new skills re: new reaching new target groups (intravenous drugs users, etc.)
- ☐ Train additional workers: in HIV education and counseling for prevention; STI management; condom use and negotiation skills; LGU advocacy.
- ☐ Strengthen HIV and STI surveillance
- ☐ Design intervention strategies for specific high-risk groups.
- ☐ Establish STI referral mechanisms between NGOs and public health facilities.
- ☐ Strengthen implementation of multi-sectoral HIV/AIDS, STI Council decisions: fund allocation, implementation plans, expenditure approval process.

MIS

- ☐ Implement integrated CBMIS (not only TB)
- ☐ Health Indicator and disease surveillance

DRUG LOGISTICS

- ☐ Drug Management System (procurement distribution, storage, inventory, use)

POLICY AND GOVERNANCE

- ☐ Support for local policy and ordinances to be supportive of these health areas
- ☐ Support strategies for increased LGU financing of FP, etc.
- ☐ CSR plan design and implementation

- ☐ Advocacy support for integration of health incentives in development programs
- ☐ Support to LGU leadership in using local legislation to promote health goals esp. the mayors, vice mayors, SB/SP.

MANAGEMENT IN GENERAL

- ☐ Management in Public Health for MHOs, CPO, PHO and other key personnel (SB chairman on Health, Program Coordinators)
- ☐ Supervision – strengthen technical support role of public health nurses, midwives, etc.
- ☐ Presentation techniques/Computer literacy

VITAMIN A

- ☐ Nutrition counseling on different diets for pregnant women, BNS, midwives, lactating mothers, etc.

FOR ALL AREAS

- ☐ IEC materials (comics, flip charts, films) in the dialect.

GROUP 2 WORKSHOP OUTPUT
Panabo City and Island Garden City of Samal, and the Municipalities
Carmen, Sto. Tomas, and Dujali

The workshop 1 activity started at 1:45pm.

As part of the introductory, participants were requested to state their name or nick name, position, LGU and description of self (stated with the first letter of their name or nick name). Facilitator thanked the warm participation of the participants and then introduced the technical staff of the project/workshop.

The facilitator properly started the workshop 1 activities:

1. On-going programs/projects: *What is being done about these health challenges?*
2. Health situationer: *What is the health situation in our Inter-Local Health Zone/Municipality? What are current management and financing issues?*
3. Strengths/Accomplishments: *What are the ILHZ's./Municipality's strengths? What have been its accomplishments?*
4. Gaps/Needs: *What are the gaps/needs that remain to be addressed?*

Color-coding:

1. Green – Panabo
2. Violet – Sto. Tomas
3. Pink – Samal
4. Yellow - Carmen

Every municipality/city were given sheet template for them to paste/post their final output out of the written individual brainstorming (from the distributed sheets/individually).

Every municipality/city came up with Goals as follows:

1. To provide healthy lifestyle. (Panabo City)
2. To become the center of wellness in public health of Davao province. (Municipality of Carmen)
3. To improve the health status of the constituents. (Municipality of Sto. Tomas)
4. To provide quality health care to improve the quality of life of all Samaliños. (Island Garden City of Samal)

PANABO CITY
Session 2: CITY HEALTH SITUATION

1. Current Programs and Projects

AREA OF CONCERN	PROGRAM/ PROJECT DESCRIPTION	DURATION	SOURCE
Family Planning	<ul style="list-style-type: none"> • Caregiver class/ PMC Pre Marriage Counseling Seminar • Complete PE to FP Acceptors • District of FP Supplies • Referral to hospital BTL and Vasectomy • Counseling 	On going	DOH/USAID
TB-DOTS	<ul style="list-style-type: none"> • Case Finding • Sputum Smear of TB symptomatics • Treatment of Smear follow-up 	On going	DOH/WHO LGU – 350 Thousand
Vitamin A Supplementation	<ul style="list-style-type: none"> • Distribution of VAC to 9-12 mos. During measles immunization/ Garantisadong Pambata every 6 months 	On going	DOH LGU – 50 thousand
STI	<ul style="list-style-type: none"> • Gram Staining to CSWs MACRA and all symptomatics • Treatment of positive cases • Contract tracing • World Aids Day Celebration 	Once a month All year round Every December first	DOH LGU – 5 thousand

2. Output by Health Indicators, Management Systems and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • CPR within budget 	<ul style="list-style-type: none"> • People – trained personnel (regular only) • Process – CBMIS basis for target • Physical – equip with computers, upgraded laboratory, NGO assisting implementation • Materials – sufficient drugs 	Donors – FP supplies, MGP & LGU equity IRA – TEV, Med supplies Philhealth
TB-DOTS	<ul style="list-style-type: none"> • CDR - 59% • Cure rate – 87% • Success rate/conversion rate – 90% 	<ul style="list-style-type: none"> • P – trained personnel/needs one Medtech • Ps – delays in procurement • Ph – equip with complete facilities • Materials – sufficient drugs 	IRA – medicines, lab supplies Philhealth
Vitamin A. Supplementation	GP – 98%	<ul style="list-style-type: none"> • P – trained personnel/needs one Medtech • Ps – delays in procurement • Ph – equip with complete facilities • Materials – sufficient drugs 	IRA – VAC Philhealth
HIV/AIDS	STI prevalent cases 26%	<ul style="list-style-type: none"> • P – trained personnel • Ps – NGO assisting info dissemination • Ph – complete in equipment • Mat – sufficient drugs 	IRA – lab supplies, world aids day celebration FEES DONOR – NGO Philhealth

3. Strengths and Accomplishments, Gaps and Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> ✓ almost all health personnel are trained in FP ✓ Adequate FP supplies ✓ Some BHWs are trained in CBMIS ✓ Presence of CBMIS & FSIS ✓ NGO assisted ✓ LGU supports 	<ul style="list-style-type: none"> ✓ Catholic church in against artificial contraception ✓ Misconceptions
TB-DOTS	<ul style="list-style-type: none"> ✓ Regular health personnel and some BHWS are trained on TB-DOTS ✓ Sufficient drug and lab supplies ✓ Scheduled TB outreached to different barangays ✓ Monthly or quarterly reporting ✓ TB agreement ✓ Provisions of vehicle 	<ul style="list-style-type: none"> ✓ Lack of manpower (physician, medtech, RHM) ✓ TB patients can't follow the guidelines for TB program ✓ Negative attitudes of personnel in collecting sputum ✓ Lack of follow-up treated TB patient due to poor access of health centers and wrong perception on medical services
Vitamin A Supplementation	<ul style="list-style-type: none"> ✓ Availability of VAC ✓ Committed BHWs (door to door) ✓ Monthly validation of reports 	<ul style="list-style-type: none"> ✓ Ignorance
HIV/AIDS	<ul style="list-style-type: none"> ✓ Trained health personnel ✓ Presence of STI clinic and male RH clinic ✓ Monthly reporting 	<ul style="list-style-type: none"> ✓ Insufficient drug supplies for STI ✓ Difficulty in tracing (+) partners

Session 3: STRATEGY FORMULATION AND TA NEEDS IDENTIFICATION

1. Health Strategy Formulation

STRATEGIES
<ol style="list-style-type: none"> 1. Provide complete health personnel for RHU and hospitals 2. Capability building for health personnel 3. Intensify IEC on health personnel

2. Priority Areas for LEAD Technical Assistance

AREA OF CONCERN	AREAS FOR TECHNICAL ASSISTANCE
Family Planning	<ul style="list-style-type: none">• BHW competency-based training in FP• FP updates in new guidelines and in client education for improved continuation• IUD insertion refresher and confidence support for midwives and nurses
TB-DOTS	<ul style="list-style-type: none">• Improving case finding
HIV/AIDS	<ul style="list-style-type: none">• Refresh and update staff and add new skill• Strengthen HIV and STI surveillance• Establish STI referral mechanisms between NGOs and public health facilities• Strengthen implementation of multi-sectoral HIV/AIDS, STI council decisions: fund allocating plans
Drug Logistics	<ul style="list-style-type: none">• Inventory management
Management of health services delivery	<ul style="list-style-type: none">• Management in public health, including family planning services management for MHOs and other key personnel.

Highlights of the Discussion:

- Find out what kind of care is not being delivered.
- Describe to the patient what is the cost of the medication and help them understand it.
- No HIV/AIDS cases only STI.
- There are 40 barangays but only 1 doctor.
- Personnel cannot function well if they do not know their duties and the organizational structure of the health center.
- The patients being given priority are those coming from Carmen.
- Carmen and Panabo should establish a communication system.
- Since there is already a district hospital, then all we just have to concentrate on is strengthening is a service.
- Personnel program will affect the service delivery of our community. Especially if we have big populations.

Questions raised:

- Do we have standard on the physicians?
- Is your problem regarding on the personnel cost?

MUNICIPALITY OF CARMEN
Session 2: MUNICIPALITY HEALTH SITUATION

1. Current Programs and Projects

AREA OF CONCERN	PROGRAM/PROJECT DESCRIPTION	DURATION	SOURCE
Family Planning	<ul style="list-style-type: none"> Utilization of modern FP method Male/female 	Regular Regular	DOH/LGU-MCP DOH MTP - LGU
TB-DOTS	<ul style="list-style-type: none"> Purchase of medicines/ exam of sputum Advocacy Active case finding 	Regular	LGU Counterpart/DOH
Vit. A. Supplementation	GP implementation	Regular	DOH
HIV/AIDS	Conduct surveillance of new cases	Regular	LGU

2. Output by Health Indicators, Management Systems and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
Family Planning	<ul style="list-style-type: none"> Decrease CPR (70% 2002. 25% 2003) - Increase drop out rate - Increase population (2.5% GP) 	<ul style="list-style-type: none"> Conducted trainings on NFP with BHW Validation NFP Final validation of FP acceptors 	50 thousand
TB-DOTS	<ul style="list-style-type: none"> Decrease high cure rate. 	<ul style="list-style-type: none"> Functioning BHW's Motivation/incentive system in place Final validation of FP acceptors 	Donor's: Wyeth/Nestle Phil. Give-aways LGU Regular Budget P350/mo. + hazard allowance
Vitamin A Supplementation	<ul style="list-style-type: none"> 100% coverage (actual) Master list < 5 years old and sick children 	<ul style="list-style-type: none"> Door to door strategy Updated list of target population Prenatal (4 mos & above) 	DOH – logistics/supplies

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING SYSTEM
	<ul style="list-style-type: none"> • 100% coverage for pregnant women 		
HIV/AIDS	<ul style="list-style-type: none"> • No reported cases • No gram staining 		

3. Strengths and Accomplishments, Gaps and Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> ✓ Almost health personnel's were trained on FP ✓ Available logistics ✓ FP advocacy (Parents class, PMC) 	<ul style="list-style-type: none"> ✓ Untrained health workers (midwife) ✓ New BHWs not oriented of F.P. ✓ Lack of FP room at some BHS
TB-DOTS	<ul style="list-style-type: none"> ✓ Health personnel's trained on DOTS ✓ Provision of incentives/ awards to BHWs ✓ Extensive monitoring and surveillance system 	<ul style="list-style-type: none"> ✓ No isolated room for TB symptomatics ✓ Additional funds for TB drugs/logistics
Vitamin A Supplementation	<ul style="list-style-type: none"> ✓ Available logistics ✓ Modified means of giving VACs ✓ Dedicated barangays officials and health personnel's ✓ 100% accomplishments (Actual target) 	<ul style="list-style-type: none"> ✓ Increase allotment of Vit. A for new coverage <p>GENERAL NEEDS: Health Service Mobilization "Service Vehicle"</p>

Session 3: STRATEGY FORMULATION AND TA NEEDS IDENTIFICATION

1. Health Strategy Formulation

STRATEGIES
<ol style="list-style-type: none"> 1. Constructions and improvement of RHU and BHS 2. Appropriate funds for health personnel, programs, facilities, equipment and supplies 3. Capability building and health personnel

2. Priority Areas for LEAD Technical Assistance

AREAS FOR TECHNICAL ASSISTANCE
<ol style="list-style-type: none">1. BHW competency – based in FP2. Link services to strategies for contraceptive self-reliance (encouraging private sector supply, LGU support for commodities, etc).3. Provide DOH – approved, updated reference material for medical eligibility for the methods.4. Improving case finding, expanding implementation of community-based DOTS support5. Train additional workers: in HIV education and counseling for prevention STI management, condom use and negotiation skills, LGU advocacy6. Strengthen HIV and STI surveillance7. Management in public health, including family planning services management for MHOs and other key personnel supervision – strengthen technical role of public health nurses, midwives and etc.8. Augmentation of funds for construction/improvement of health facilities (RHU) – counterparting constructed/ improved RHU → certify SS RHU → PAR → Quality health service

Highlights of the Discussion:

- There's a drop out rate because of the NFP (there were several training conducted)
- There were new barangay health workers knowledgeable on family planning
- There are clients who have special needs. Right now, it is located in the barangay hall so it is quite embarrassing for the patient.
- Privacy is important so that you will really know the problem of the patient.
- The measurement of CPR needs to be validated.

Question raised:

- Is there a need for a Special Room?

MUNICIPALITY OF STO. TOMAS
Session 2: MUNICIPALITY HEALTH SITUATION

1. Current Programs and Projects

AREA OF CONCERN	PROGRAM/ PROJECT DESCRIPTION	DURATION	SOURCE
Family Planning	<ul style="list-style-type: none"> There is a routine family planning services <ul style="list-style-type: none"> Pill DMPA IUD Condom 	Year - round	DOH
TB-DOTS	<ul style="list-style-type: none"> Routine case finding and treatment of TB smear (+) 	Year - round	DOH & LGU Counterpart
Vitamin A Supplementation	<ul style="list-style-type: none"> Routing Vitamin A supplementation (GP) and regular immunization 	Twice a year (GP) Monthly (regular immunization)	DOH
HIV/AIDS	<ul style="list-style-type: none"> Regular gram staining of CSW 	Twice a month	LGU

2. Output by Health Indicators, Management Systems and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> CPR 80% increase Current users – 7,430 increase New acceptors – 1,392 increase Drop out – 953 Average family size – 5 Population – 89,168 	<ul style="list-style-type: none"> IEC (PMC) Info Education communication (Pre Marital Counseling) KAS (Knowledge, Ability & Skills) Record keeping (computer) CBMIS Survey (quarterly update) Provision of contraceptives 	LGU LGU LGU DOH DOH
TB-DOTS	<ul style="list-style-type: none"> Case detection – July to 	<ul style="list-style-type: none"> Provision of Anti-TB Drugs 	DOH & LGU Counterpart

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
	December, 31 persons <ul style="list-style-type: none"> • Conversion – July to December, 25 persons • Increase % of age cure rate 	<ul style="list-style-type: none"> • 1 MedTech 89,168 	
Vit. A. Supplementation	<ul style="list-style-type: none"> • Increase supplementation A supplementation to children below 6 years old. 	<ul style="list-style-type: none"> • Through routine immunization to baby 9 months old and giving of Vitamin A to children twice a year during GP • Vitamin A supplementation to pregnant and post-partum women 	DOH
HIV/AIDS	<ul style="list-style-type: none"> • No reported cases of HIV/AIDS 	<ul style="list-style-type: none"> • Regular Gram Straining of CSW 	LGU

3. Strengths and Accomplishments, Gaps and Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> ✓ Increase CPR ✓ Committed Public health workers toward the programs ✓ Availability of FP supplies (Pills, Condom, DMPA, IUD) ✓ Positive response of women/men of reproductive age towards the program 	<ul style="list-style-type: none"> ✓ Church and state has different point of view/conformity of church and state towards FP methods
TB-DOTS	<ul style="list-style-type: none"> ✓ There is a regular information campaign/ IEC ✓ Increase cure rate ✓ TB symptomatics were detected and treated early ✓ Availability of Anti-TB drugs ✓ TB smear (+) were treated promptly ✓ There is an agreement between the patient and the service providers ✓ High compliance of TB patients 	<ul style="list-style-type: none"> ✓ TB treatment protocol is not strictly complied Public Health workers is not proportionate to the total population/lack of manpower ✓ No municipal ordinance to back-up the program

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Vitamin A Supplementation	<ul style="list-style-type: none"> ✓ IEC ✓ Availability of Vit. A Capsule ✓ Awareness of mothers on the importance of Vit. A. supplementation 	<ul style="list-style-type: none"> ✓ No LGU budget for procurement of Vitamin A
HIV/AIDS	<ul style="list-style-type: none"> ✓ Strict implementation of PD 856 (code of sanitation in the Philippines) ✓ Gram straining of CSWs twice a month 	<ul style="list-style-type: none"> ✓ IEC

Session 3: STRATEGY FORMULATION AND TA NEEDS IDENTIFICATION

1. Health Strategy Formulation

STRATEGIES
<ol style="list-style-type: none"> 1. Appropriate funds for health personnel, programs, facilities, equipment and supplies. 2. Provide complete health personnel for RHU and hospitals 3. Construction and improvement of RHU and BHS

2. Priority Areas for LEAD Technical Assistance

AREA OF CONCERN	AREAS FOR TECHNICAL ASSISTANCE
Family Planning	<ol style="list-style-type: none"> a. Link services to strategies for contraceptives self-reliance (encouraging private sector supply, LGU support for commodities, etc. b. FP updates in new guidelines and in-client education for improved continuation. c. LHP d. NSV training, refresher for (initial training) doctors trained but not confident: initial training for both public and private sector, as needed. e. Support implementation of local strategies with commodity reductions.
TB-DOTS	<ol style="list-style-type: none"> a. Expanding implementation of community based DOTS.
HIV/AIDS	<ol style="list-style-type: none"> a. Train additional workers in HIV education and counseling for prevention, STI management, condom use and negotiations skills, LGU advocacy
Policy & Governance	<ol style="list-style-type: none"> a. Support for local policy and ordinances to be supportive of these health areas
Management of health services delivery	<ol style="list-style-type: none"> a. Management in public health, including FP services management for MHOs and other key personnel.

Highlights of the Discussion:

- Drop out is our problem.
- Family planning of ours is not on the trend.
- *Kulang talaga ang tauhan* (Lack of personnel).
- Working place is not conducive for serious work and there's a very small area for a lot of patients and so it gets crowded.
- Councilor is not helping them for a better health center.
- Coordinate with the planning coordinator so that we will know the need of the health center. Planning department will give support.

ISLAND GARDEN CITY OF SAMAL
Session 2: CITY HEALTH SITUATION

1. Current Programs and Projects

AREA OF CONCERN	PROGRAM/PROJECT DESCRIPTION	DURATION	SOURCE
Family Planning	<ul style="list-style-type: none"> • BTL <ul style="list-style-type: none"> - Every last week of the mo. - Surgical networking (annual) • Non-scalpel vasectomy – annual • Modern FP Method - complete 		Provincial fund MSH LGU Counterpart
TB-DOTS	<ul style="list-style-type: none"> • Validation of Smear – SDH • Creation of “Tibay Baba Gang”/ TB Patrol • Procurement of anti- TB drugs • Weekly Purok outreach 		LGU Funds
Vitamin A Supplementation	<ul style="list-style-type: none"> • GP • Routine immunization 		Central office
HIV/AIDS	<ul style="list-style-type: none"> • Male Reproductive – SDH gram staining • Female Reproductive – Weekly PAP Smear/ Gram Staining 		

2. Output by Health Indicators, Management Systems and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • Increase CPR • Increase new acceptor • Decrease drop out rate 	<ul style="list-style-type: none"> • OBGyne consultant • Updated FHSIS & CBMIS • 1 RHM/1,000 population • All BHW with instruments and examining table • Lying-in hospital • Referral to SDH 	LGU counterpart for instruments Existing fees

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		<ul style="list-style-type: none"> 75% of RHM are trained 	
TB-DOTS	<ul style="list-style-type: none"> Increase cure rate Increase CDR Increase conversion rate 	<ul style="list-style-type: none"> Availability of medicines Lakbay tulong/purok outreach barangay outreach Map-up survey 1 med-tech per district 1 TB coordinator/district Encoded data Quarterly PIR 	<p>Philhealth indigency program – 1,380 target beneficiaries</p> <p>Consultation with fees medicine LGU counterpart for anti-TB drugs</p>
Vitamin A Supplementation	<ul style="list-style-type: none"> Increase coverage of vitamin A under 5 years old 	<ul style="list-style-type: none"> Frontliners – active and functional Updated FHSIS/CBMIS Availability of drugs Community regulation 	<p>Central office 2000</p> <p>Included 4 proposed budget 2004</p>
HIV/AIDS	<ul style="list-style-type: none"> 4/30 GROs are (+) for STI (2003) 	<ul style="list-style-type: none"> Reproductive health center Trained med tech LGU regulation 	<p>With fees Laboratory c/o LGU/SDH</p> <p>Medication c/o patient 2004 - available</p>

3. Strengths and Accomplishments, Gaps and Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> ✓ OB Gyne consultant ✓ Complete OR equipments/instruments ✓ Trained nurses/midwives ✓ Availability of BHWs 	<ul style="list-style-type: none"> ✓ Campaign of ProLife → (-) acceptance of modern technology (priest) ✓ Lack of information ✓ Pressure/non-consent/acceptance by husband

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
TB-DOTS	<ul style="list-style-type: none"> ✓ Well established “Tibay Baga” gang/ TB patrol team ✓ Testimony of COTS graduates ✓ Strict TBpartner’s on drugs compliance ✓ Upgraded laboratories and well-trained MedTech ✓ Available TB drugs ✓ Mapping up survey 	<ul style="list-style-type: none"> ✓ Attitudes towards follow-up sputum examination/ treatment completion
Vitamin A Supplementation	<ul style="list-style-type: none"> ✓ Active master listing of below 5 years old by BHW per purok ✓ Community awareness 	<ul style="list-style-type: none"> ✓ Limited supply – future
HIV/AIDS	<ul style="list-style-type: none"> ✓ Barangay officials/frontliners coordination ✓ Inter-agency support/coordination ✓ Regular monitoring ✓ Available facilities 	<ul style="list-style-type: none"> ✓ Freelancers can’t be traced ✓ No available medicines for immediate treatment

Session 3: STRATEGY FORMULATION AND TA NEEDS IDENTIFICATION

1. Health Strategy Formulation

STRATEGIES
<ol style="list-style-type: none"> 1. Formulate long-term plan 2. Construction and improvement if RHU and BHS 3. Appropriate funds for health personnel programs, facilities, equipment and supplies

2. Priority Areas for LEAD Technical Assistance

AREAS FOR TECHNICAL ASSISTANCE
<ol style="list-style-type: none"> 1. BHW competency – based training course for 92 FAX (2004) 2. Establish referral links between public and private sector provider 3. Expanding implementation of community-based fix DOTS support 4. Training on mixed DOTS combination for RHM (43 FAX 2004) 5. Strengthen multi sectoral linkages on STI 6. Training on additional workers for STI 7. Implementation CBMIS adding TB 8. Support for local policy and ordinances to be supportive of HX areas 9. Support strategies for increased LGU financing of FP, VIT A & Drugs

Highlights of the Discussion:

- Lakbay Tulong is a project of our mayor.
- Lakbay Tulong program were done in every district down to barangay level then purok outreach.
- Our Tibay Baga program we have identified for every district a kagawad for health
- TB Patrol – the only thing we lack is the camera, we already have our doctors and medtech.
- For the barangay, there is one helper in the morning and another one in the afternoon.
- If we go to the area, we shoulder the gasoline, LGU's counterpart is the medicines and some medicines came from the center.
- TB – we also give food to the patient as another form of aid.
- Others → referring to hospitals
- Testimony of DOTS graduate → it helps other people who are afraid or embarrassed to come out and be treated.
- There is an organization of TB patients. In our district we have association of the graduates or those who have already recovered but they don't want to be recognized because they were ashamed.

Questions raised:

- What is the cost or budget regarding the Tibay Baga Gang or TB patrol?

MUNICIPALITY OF DUJALI
Session 2: MUNICIPALITY HEALTH SITUATION

1. Current Programs and Projects

AREA OF CONCERN	PROGRAM/PROJECT DESCRIPTION	DURATION	SOURCE
Family Planning	<ul style="list-style-type: none"> • Regular FP Program (IUD, BTL, PILLS, LAM & ETC) • Family Enrichment Program (GAD, MALE FAMILY PLANNING ADVOCACY, RESPONSIBLE PARENTHOOD, PMC) 	P 800T (Whole year)	LGU, DOH, USAID & STAKEHOLDERS
TB-DOTS	<ul style="list-style-type: none"> • Advocacy, Case Finding, Medication and FF-UP. 	P 1M (Whole year)	DOH, LGU, DOJ-DAPECOL, PRIVATE SECTOR & USAID
Vitamin A Supplementation	<ul style="list-style-type: none"> • GP (9-59 MOS.) REGULAR IMMUNIZATION & COMMUNITY INVOLVEMENT 	P 500T (Whole Year)	LGU, DOH, Private Sector
HIV/AIDS	<ul style="list-style-type: none"> • GRAM STAINING TO SWs, MACRA, ALL SYMPTOMATICS 	P 300T	LGU, DOH & Stakeholders

2. Output by Health Indicators, Management Systems and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • Increase CPR • Increase number of acceptor • Decrease number of drop out • Average Family Size 	<ul style="list-style-type: none"> • LCE-SB commitment • Conducted training on FP to BHW, NGOs (Incorporated in the people's agenda) • Update CBMIS • All BHS Instruments & Examining 	DOH/LGU/Stakeholders

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		Table <ul style="list-style-type: none"> • Trained personnel • Provision of contraceptives 	
TB-DOTS	<ul style="list-style-type: none"> • CDR: 177% • CURE RATE: 77% 	<ul style="list-style-type: none"> • LCE-SB Commitment • 3 trained personnel (FDC) • DOTS trained medtech • Functioning BHWS • CASE Finding/Brgy. • Extensive monitoring and surveillance 	IRA-Medicines & Laboratory supplies MGP & Stakeholders LGU PHIC-Medicines
Vitamin A Supplementation	<ul style="list-style-type: none"> • Coverage GP (9-59 Mos.) • Routine Immunization (9-11 mos.) 	<ul style="list-style-type: none"> • LCE-SB Commitment • Updated masterlist/CBMIS • Sufficient drugs • Community awareness 	LGU & Stakeholders MGP & NGO DOH
HIV/AIDS	<ul style="list-style-type: none"> • Routine papsmear gram stain for GROs 	<ul style="list-style-type: none"> • Surveillance • Barangay symposium/IEC • Repro health center • Trained medtech on STI 	LGU/DOH

3. **Strengths and Accomplishments, Gaps and Needs**

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> ✓ Socially accepted, involvement of stakeholder & religious sector. ✓ Adequate FP supplies ✓ All BHWs are trained in CBMIS-LGU support personnel FP trained (MHO, PHN, 2RHM) 	<ul style="list-style-type: none"> ✓ Misconceptions

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
TB-DOTS	<ul style="list-style-type: none"> ✓ 3 trained personnel (FDC) ✓ Case finding/barangay ✓ Agreement between the patient & the MHO strict involvement of Family members 	<ul style="list-style-type: none"> ✓ Attitudes of patients on FF-UP sputum exam lack of drugs for CAT 3
Vitamin A Supplementation	<ul style="list-style-type: none"> ✓ Availability of vitamin A capsule committed BHWs & Active Partner NGO 	<ul style="list-style-type: none"> ✓ Ignorance ✓ Limited fund for the procurement of vitamin A.
HIV/AIDS	<ul style="list-style-type: none"> ✓ Strict surveillance 	<ul style="list-style-type: none"> ✓ Increase number of GROs ✓ No available medicines for immediate treatment

Session 3: STRATEGY FORMULATION AND TA NEEDS IDENTIFICATION

1. Health Strategy Formulation

STRATEGIES
<ol style="list-style-type: none"> 1. Appropriate fund for Health Personnel programs, facilities equipment and supplies 2. Provide complete health personnel for RHU & Hospitals 3. Capability building for health personnel

2. Priority Areas for LEAD Technical Assistance

AREA OF CONCERN	AREAS FOR TECHNICAL ASSISTANCE
Family Planning	<ul style="list-style-type: none"> • BHW competency-based training in FP • Link services to strategies for contraceptive self-reliance (encouraging private sector supply, workshops for couples) • FP updates in new guidelines and in client education for improved continuation • IUD insertion refresher and confidence support for midwives and nurses • NSV training: refresher for doctors trained but not confident; initial for both public and private as needed • Using information for managing FP services: method mix, stock management, estimating coverage; etc. • Provide DOH-approved, updated reference material for medical eligibility for FP methods.
TB-DOTS	<ul style="list-style-type: none"> • Expanding implementation of community-based DOTS support • Training on FDC for RHM

AREA OF CONCERN	AREAS FOR TECHNICAL ASSISTANCE
HIV/AIDS/STI	<ul style="list-style-type: none"> • Train additional workers in HIV education and counseling for prevention; STI management, condom use negotiation skills; LGU advocacy. • Strengthening HIV & STI surveillance • Strengthening implementation of multi-sectoral HIV/AIDS, STI council decisions: fund allocation; implementation plans, expenditure approval process • Implement CBMIS; adding TB (provide frontline workers with the child health and FP information about community) • Health indicator and disease surveillance • Fund allocation
Management of health services delivery	<ul style="list-style-type: none"> • Management in Public health, including FP services management for MHO, nurse and midwives
Policy and Governance	<ul style="list-style-type: none"> • Support for local policy and ordinance • Support strategies for increased LGU financing of FP • CSR Plan design and implementation • Advocacy support for integration of health initiatives in development program • Support to LGU leadership in using local legislation to promote health goals
Drug logistics	<ul style="list-style-type: none"> • Inventory management • On going distribution system

Highlights of the Discussion:

- P 300,000 budget includes the salary and other supplies in the health center.
- During the planning stage of the family planning, the other religious sectors were involved in the session. They have agreed that if they cannot do the natural family planning then they can resort to artificial family planning
- Increase in the number of CSW might be the cause of family problems

Questions raised:

- Are the GROs being monitored?
- What's the prevalence rate of the STI?

GROUP 3 WORKSHOP OUTPUT
Municipalities of Kapalong, Asuncion and Talaingod

Preliminaries

At exactly 1:45 p.m the workshop started. An opening prayer was given and followed by introducing the participants' name.

Workshop Proper

The facilitator posted templates on the board. She gave brief overview of the workshop and followed by giving the following instructions:

- Each municipality should identify projects or programs in the areas of concerns (Family Planning, TB-DOTS, Vitamin A Supplementation & HIV/AIDS)
- Innumerate on-going/current projects/programs with the following information:
 - ☐ The projects is locally funded or foreign
 - ☐ The time frame of the programs
 - ☐ The coverage of the programs
- Each municipality were given templates for their workshop

MUNICIPALITY OF TALAINGOD

Session 2: THE LGU HEALTH SITUATION

1. Current Programs and Projects

AREA OF CONCERN	PROGRAM/PROJECT DISCRIPTION	DURATION	SOURCE (FUNDING)
Family Planning	Dispensing of <ul style="list-style-type: none"> • Pills • Condom • IUD insertion • DMPA • Referrals of patients for ligation and vasectomy (KDH, DDN surgical networking • <i>Unmet needs based on CBMIS activities</i> • <i>Procurement of medicines, facilities, supplies, instruments</i> • <i>Conduct of trainings</i> 	Whole year round	External support <ul style="list-style-type: none"> • Center for health development (technical Assistance) MGP PHO <ul style="list-style-type: none"> ▪ Ligation and VSC referrals KDH <ul style="list-style-type: none"> ▪ Ligation ans VCS referrals LGU <ul style="list-style-type: none"> ▪ Salaries and wages
TB/DOTS	Supervised treatment of identified TB patients <ul style="list-style-type: none"> • <i>Unmet needs based on CBMIS activities</i> • <i>Procurement of medicines, facilities, supplies, instruments</i> • <i>Conduct of trainings</i> 	Whole year round	<ul style="list-style-type: none"> • CDH-Southern Mindanao • Drugs and Meds • Laboratory Supplies • Technical Assistance PHO <ul style="list-style-type: none"> • Technical Assistance • Provision of trained Med Tech for sputum microscopy LGU <ul style="list-style-type: none"> • Salaries and wages • BHW (TB treatment partner honorarium)
Vitamin A Supplementation	<ul style="list-style-type: none"> ▪ Vit. A supplementation (Bi Annual) 9 to 59 months ▪ Walk-in patients (severe: 	9 and 6 months (April ,	CHD <ul style="list-style-type: none"> ▪ Vitamins A. Supply

AREA OF CONCERN	PROGRAM/PROJECT DISCRIPTION	DURATION	SOURCE (FUNDING)
	<ul style="list-style-type: none"> pneumonia and chronic diarrhea Surveillance for Vit.A deficient patient 	<p>October)</p> <p>Whole year round</p>	<ul style="list-style-type: none"> MGP Technical Assistance <p>PHO</p> <ul style="list-style-type: none"> Technical Assistance <p>LGU</p> <ul style="list-style-type: none"> Salaries and wages BHW honorarium
HIV-AIDS/STI	Referred of identified case to DRH	Whole year round	N/A

2. Output by Health Indicator, Management System and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> CPR- 33% increasing Average Family size (they expressed their desire to only have 4 children, but it turn out to be more) Population –2,003: 18.942 	<ul style="list-style-type: none"> Training of Physician, Nurses and Midwives Information system Health data RHSIS system Record keeping (compiled) Analysis on RHU level 	<ul style="list-style-type: none"> DOH subsidy LGU (IRA) for salaries
TB/DOTS	<ul style="list-style-type: none"> Conversion rate-100% (July-December 2003) Cure rate – 79% Case detection rate-increasing TB mortality- 3 deaths (TB not started from far flung areas) 	<ul style="list-style-type: none"> Information system Health data-RHSIS Record keeping (compiled) Functional laboratory Organization BHW Federation (as treatment partner) Training 	<ul style="list-style-type: none"> IRA Donation (DOH subsidy) LGU- salaries Supplies from Regions and Province Drugs/ Medicines – LGU (category 3)

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Vitamin A Supplementation	<ul style="list-style-type: none"> • Vitamin A Supplementation • Coverage under 5 % GP coverage : 96% of supplementation of sick children: 100% -Med Tech---1:18,942 -Sanitary Inspector-! :18,942 -Midwife-----1:3,788 -BHW- Maldistributed -IP sitios not served (47 BHW-95 sitios, 60 Brgy.+sitios in highland) • Info system (CBMIS) 	<ul style="list-style-type: none"> • Training of BHW and BNS • Program implementation review • After GP Implementation Year End • Health Manpower ratio -Physician---1:18,942 -Nurse-----1:18,942 	<ul style="list-style-type: none"> • CHD-SM (grants) MGP <ul style="list-style-type: none"> • IRA • DOH • PHO
HIV-AIDS/STI	Incidence of STI cases-increasing (3 cases only: 2002-0, 2003- 3)	<ul style="list-style-type: none"> • Training of Nurses and Midwives • Information system • Health Data FHIS system • Record Keeping (compiled) • Analysis on RHU level • Health Manpower ration (same) 	LGU-IRA

3. Strength and Accomplishments, Gaps and Needs

AREA OF CONCERN	STRENGTH/ ACCOMPLISHMENT	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> • Increase CPR • Decreasing Drop-Out Rate • Efficient Management of Family Planning commodities (no stock-out) 	<ul style="list-style-type: none"> • Difficulty in delivery facility based in far flung sitios • 3/8 needs training on comprehensive Family Planning -Inadequate skills of Family Planning Service Provision,

AREA OF CONCERN	STRENGTH/ ACCOMPLISHMENT	GAPS/NEEDS
		<p>e.g. IUD insertion, counseling.</p> <ul style="list-style-type: none"> • Insufficient FP equipment and supplies • Inappropriate IEC presentation (presently not culture sensitive, friendly) • Lack of health personnel to practice FP service
TB-DOTS	<ul style="list-style-type: none"> • Increasing case detection rate 141% • Increasing conversion rate-100% • Increasing cure rate- 79% • Improved Health referral system 	<ul style="list-style-type: none"> • High TB mortality (9 deaths in 2002, 3 deaths on 2003) • Low PTB case holding • Lack of reliable treatment partners in the far flung IP sitios • Insufficient CAT III regimen • Inappropriate IEC presentation • Lack of health personnel to practice FP service • Lack of K & S in sputum collection/ midwives and BHW • Poor client follow-up due to mobility problems (access, transportation, support)
Vitamin A Supplementation	<ul style="list-style-type: none"> • High coverage of Vitamin A Supplementation (more than 95%) 	<ul style="list-style-type: none"> • Inappropriate IEC presentation • Lack of health personnel • Insufficient Vitamin A for pregnant women and 9-11 mos. Children
HIV-AIDS/STI	<ul style="list-style-type: none"> • More efficient case diagnosis (case 0 in 2002, 2003- 3) • Improved Health referral 	<ul style="list-style-type: none"> • Inappropriate IEC presentation • Lack of health personnel • Lack of skill in diagnosis/treatment contact tracing • Lack of Medicines

Session 3:

STRATEGY FORMULATION AND TA NEEDS IDENTIFICATION

After identifying the on going programs and given the strengths and gaps/needs, the facilitator presented and discussed the focus question:

“What are the broad courses of action we need to take to address these gaps and needs?”

The facilitator provided a brief explanation of the word “strategies” for this workshop:

- Something that can be accomplished within the span of three years
- Not just an activity or a one time event
- It’s an Action word *like*
 - *To Institute*
 - *To Build*
 - *To Establish*
 - *To Develop*
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 - *To Install*
 - *To Strengthen*

Strategies Identified

- Development and Production of appropriate IEC materials
- Sustainability of Medicines and supplies
- Standardization of health facilities for quality Health care
- Request and lobby to LCE and SP for filling-up of vacant position
- Capability enhancements of health workers on FP. TB. BOTS, Vit. A
- Upgrading of health Information system
- Installation of TB treatment center and satellites posts for IPs
- Improvement of accessibility and mobility

CONSOLIDATED STRATEGIES

(Municipality of Talaingod)

- ☑ Standardization of health facilities for quality health care
- ☑ Request and lobby LCE and SP for filling-up of vacant position
- ☑ Capability enhancement of Health workers on TB.DOTS, Vit.A, HIV/AIDS
- ☑ Installation of TB center and satellite posts for IP’s

TOP 3 STRATEGIES OF MUN. TALAINGOD

- ☑ Installation of TB center and satellite posts for IP’s
- ☑ Standardization of Health facilities for quality health care
- ☑ Capability enhancement of Health workers for TB.DOTS, Vit.A, HIV/AIDS

TYPES OF SUPPORT REQUESTED

- ✓ BHW competency-based training in FP, DOTS
- ✓ FP updates and new guidelines and in client education for improved continuation
- ✓ IUD insertion refresher for midwives and nurses
- ✓ Provide DOH-approved, updated reference materials for medical eligibility for FP method
- ✓ Competency-based training for nurse, doctor and midwives and diagnosis and surveillance, treatment (TB,HIV/STI & Vitamin A deficiency)
- ✓ Warehouse management (RHU & LGU)
- ✓ Training on supervision and management in public health
- ✓ Link services for strategies for contraceptive self reliance

MUNICIPALITY OF KAPALONG

Session 2: THE LGU HEALTH SITUATION

0. Current Programs and Projects

AREA OF CONCERN	PROGRAM/PROJECT DISCIPTION	DURATION	SOURCE (FUNDING)
Family Planning	<ul style="list-style-type: none"> ▪ Tubal ligation ▪ Vasectomy ▪ IEC counseling ▪ Pap smear ▪ IUD insertion, pill dispensing, DMPA, condom ▪ <i>Unmet needs based on CBMIS activities</i> ▪ <i>Procurement of medicines, facilities, supplies, instruments</i> ▪ <i>Conduct of trainings</i> 	Whole year round	1. /MGP 2. /MGP 3. LGU. IPHO, CHD.SM
TB/DOTS	<ul style="list-style-type: none"> ▪ IEC ▪ Case detection ▪ Case holding ▪ Surveillance ▪ Masterlisting • <i>Unmet needs based on CBMIS activities</i> • <i>Procurement of medicines, facilities, supplies, instruments</i> • <i>Conduct of trainings</i> 	Whole year round	LGU IPHO CHD.SM
Vitamin A Supplementation	<ul style="list-style-type: none"> ▪ Masterlisting ▪ Survey ▪ Actual distribution ▪ <i>Unmet needs based on CBMIS activities</i> ▪ <i>Procurement of medicines, facilities, supplies, instruments</i> ▪ <i>Conduct of trainings</i> 	All year round	LGU IPHO CHD.SM
HIV-AIDS/STI	Screening of GRO's <ul style="list-style-type: none"> ▪ Male reproductive health ▪ Actual distribution 	Whole year round	LGU IPHO CHD.SM

AREA OF CONCERN	PROGRAM/PROJECT DISCRIPTION	DURATION	SOURCE (FUNDING)
	<ul style="list-style-type: none"> ▪ <i>Unmet needs based on CBMIS activities</i> ▪ <i>Procurement of medicines, facilities, supplies, instruments</i> <i>Conduct of trainings</i> 		

2. Output by Health Indicator, Management System and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • CPR- 64%-moderate • Current User- 6,085 • New Acceptor- 1,068 <ul style="list-style-type: none"> -pills -condom -IUD • Drop Out- 222 • Population 72,513 • Average Family Size- 6 	<ul style="list-style-type: none"> • Organization –NGO <ul style="list-style-type: none"> -CADR -Davao MABCAM • Motivation – <ul style="list-style-type: none"> - training of RHM & BHW • Incentives-Honoraria (from Provincial, Municipal and Brgy. Level) <ul style="list-style-type: none"> -Kapalong- 50-200 pesos -Asuncion- 100 pesos -Talaingod-300 pesos • Procurement <ul style="list-style-type: none"> Procedure based on COA rules on medicine and supplies • Leadership-trained RHM and Nurses <ul style="list-style-type: none"> -8 RHM - 1 Nurse - 1 MD • Information System <ul style="list-style-type: none"> -CBMIS (all Brgy. covered) -Health data (RHSIS) - Assessment tools -computer programs • Presence of FP clinic within RHM <p>Available Drugs and FP supplies</p>	<p>DOH (subsidy)</p> <p>IPHO</p> <p>Grant (MGP)</p>

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
TB/DOTS	<ul style="list-style-type: none"> • Case detection rate-41% • Cure rate-no data (low) • Completion rate- no data (inadequate drugs) • Conversion rate-72% 	<ul style="list-style-type: none"> • Organization –NGO -CADR -Davao MABCAM • Motivation – - training of RHM & BHW • Incentives-Honoraria (from Provincial, Municipal and Brgy. Level) • Procurement Procedure based on COA rules on medicine and supplies • Leadership-trained RHM and Nurses -8 RHM - 1 Nurse - 1 MD • Information System -CBMIS (all Brgy. covered) -Health data (RHSIS) - Assessment tools -computer programs • Presence of FP clinic within RHM <p>Available Drugs and supplies</p>	<p>DOH (subsidy) IPHO CHD.SM</p> <p>LGU-IRA</p>
Vitamin A Supplementation	<ul style="list-style-type: none"> • Routine- 9-11 months • Sick children • 12- 59 months (GP)- 94% • AP/PP 	<ul style="list-style-type: none"> • Organization –NGO -CADR -Davao MABCAM • Motivation – - training of RHM & BHW • Incentives-Honoraria (from Provincial, Municipal and Brgy. Level) • Procurement 	<p>DOH (subsidy) IPHO CHD.SM</p>

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		<p>Procedure based on COA rules on medicine and supplies</p> <ul style="list-style-type: none"> • Leadership-trained RHM and Nurses <ul style="list-style-type: none"> -8 RHM - 1 Nurse - 1 MD • Information System <ul style="list-style-type: none"> -CBMIS (all Brgy. covered) -Health data (RHSIS) - Assessment tools -computer programs • Presence of FP clinic within RHM <p>Available Drugs and supplies</p>	
HIV-AIDS/STI	Incident rate- increasing prescription (STI)	<ul style="list-style-type: none"> • Organization –NGO <ul style="list-style-type: none"> -CADR -Davao MABCAM • Motivation – <ul style="list-style-type: none"> - training of RHM & BHW • Incentives-Honoraria (from Provincial, Municipal and Brgy. Level) • Procurement Procedure based on COA rules on medicine and supplies • Leadership-trained RHM and Nurses <ul style="list-style-type: none"> -8 RHM - 1 Nurse - 1 MD • Information System <ul style="list-style-type: none"> -CBMIS (all Brgy. covered) -Health data (RHSIS) - Assessment tools -computer programs 	<p>DOH (subsidy)</p> <p>IPHO CHD.SM</p> <p>LGU-IRA</p>

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		<ul style="list-style-type: none"> • Presence of FP clinic within RHM • Available Drugs and supplies 	

3. Strength and Accomplishments, Gaps and Needs

AREA OF CONCERN	STRENGTH/ ACCOMPLISHMENT	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> • Enough family planning supplies • Presence of trained personnel • Presence of co-referral hospital • Presence of functional referral system 	<ul style="list-style-type: none"> • 1-nurse • 7 midwives (not trained in family Planning) • Inadequate IEC activities • Not all nurse and midwives are permanent • Inadequate space for family Planning
TB-DOTS	<ul style="list-style-type: none"> • Functional laboratory • Presence of co-referral hospital • Trained Med Tech, midwives • Presence of functional referral system 	<ul style="list-style-type: none"> • Inadequate Medicines and IEC activity • Not all PHM are trained on sputum collection • Presence of far flung Brgy and hard to reach areas • Lack of transportation services
Vitamin A Supplementation	<ul style="list-style-type: none"> • Available supply • Presence of RHM and BHW 	<ul style="list-style-type: none"> • Not enough Vitamin A for routine AP and PP
HIV-AIDS/STI	<ul style="list-style-type: none"> • Presence of referral hospital • Presence of functional referral system 	<ul style="list-style-type: none"> • No solid hygiene clinic • Untrained Med Tech

Session 3:

STRATEGY FORMULATION AND TA NEEDS IDENTIFICATION

After identifying the on going programs and given the strengths and gaps/needs, the facilitator presented and discussed the focus question:

“What are the broad courses of action we need to take to address these gaps and needs?”

The facilitator provided a brief explanation of the word “strategies” for this workshop:

- ▣ Something that can be accomplished within the span of three years
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Strategies Identified

- ▣ Development and Production of appropriate IEC materials
- ▣ Sustainability of Medicines and supplies
- ▣ Standardization of health facilities for quality Health care
- ▣ Request and lobby to LCE and SP for filling-up of vacant position
- ▣ Capability enhancements of health workers on FP. TB. BOTS, Vit. A
- ▣ Upgrading of health Information system
- ▣ Installation of TB treatment center and satellites posts for IPs
- ▣ Improvement of accessibility and mobility

CONSOLIDATED STRATEGIES

(Municipality of Kapalong)

- ☑ Standardization of health facilities for quality health care
- ☑ Request and lobby LCE and SP for filling-up of vacant position
- ☑ Capability enhancement of Health workers on TB.DOTS, Vit.A, HIV/AIDS
- ☑ Installation of TB center and satellite posts for IP’s

TOP 3 STRATEGIES OF MUN. KAPALONG

- ☑ Standardization of health facilities for quality health care
- ☑ Request and lobby LCE and SP for filling-up of vacant position
- ☑ Capability enhancement of Health workers on TB.DOTS, Vit.A, HIV/AIDS

TYPES OF TA SUPPORT REQUESTED

- ✓ Health workers competency-based training (basic copre) training on DOTS and STI
- ✓ Link services to strategies for contraceptive self reliance
- ✓ Development & production of IEC materials for IPs
- ✓ Training on management of information system
- ✓ Training on warehouse management

MUNICIPALITY OF ASUNCION

Session 2: THE LGU HEALTH SITUATION

1. Current Programs and Projects

AREA OF CONCERN	PROGRAM/PROJECT DISCRIPTION	DURATION	SOURCE (FUNDING)
Family Planning	<ul style="list-style-type: none"> ▪ Pill dispensing ▪ Non scalpel vasectomy ▪ IUD insertion ▪ Tubal ligation ▪ Giving of condoms ▪ Family planning counseling ▪ Conduct of family planning counseling in Pre-marriage counseling ▪ Referred cases for further management ▪ Pap's smear ▪ Collections ▪ <i>Unmet needs based on CBMIS activities</i> ▪ <i>Procurement of medicines, facilities, supplies, instruments</i> ▪ <i>Conduct of trainings</i> 	Continuing	External sources <ul style="list-style-type: none"> ▪ DOH ▪ PHO LGU
TB/DOTS	<ul style="list-style-type: none"> ▪ Identify symptomatic cases ▪ Give treatment to identified cases ▪ Follow-up sputum on schedule ▪ Supervise treatment ▪ Health teaching and information ▪ Referred cases in TB provincial diagnostic committee ▪ <i>Unmet needs based on CBMIS activities</i> ▪ <i>Procurement of medicines, facilities, supplies, instruments</i> ▪ <i>Conduct of trainings</i> 	Continues service	External sources <ul style="list-style-type: none"> ▪ DOH ▪ LGU
Vitamin A Supplementation	<ul style="list-style-type: none"> ▪ Update masterlist of targets ▪ Giving of Vitamin A. to: <ol style="list-style-type: none"> a. pregnant women b. post partum women 	Continues service	External sources <ul style="list-style-type: none"> ▪ DOH ▪ PHO LGU

AREA OF CONCERN	PROGRAM/PROJECT DISCRIPTION	DURATION	SOURCE (FUNDING)
	<ul style="list-style-type: none"> c. 6mos-11 mos d. 12-59 months e. Sick children f. Coverage survey (CBMIS) g. <i>Unmet needs based on CBMIS activities</i> h. <i>Procurement of medicines, (Vit. A) , instruments</i> • <i>Conduct of trainings</i> 	Updated (monthly)	
HIV-AIDS/STI	<ul style="list-style-type: none"> ▪ Surveillance of HIV and STDS ▪ Referral cases ▪ Purchase of medicines, supplies ▪ Male reproductive health clinic in all health centers ▪ Trainings of medical technologies, nurses, doctors ▪ <i>Unmet needs based on CBMIS activities</i> ▪ <i>Procurement of medicines, facilities, supplies, instruments</i> ▪ <i>Conduct of trainings</i> 	Continuing 1999 to present	External sources <ul style="list-style-type: none"> ▪ DOH ▪ PHO LGU

2. Output by Health Indicator, Management System and Health Financing

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • CDR –78% (need validation) modern method • Current users-increasing • New acceptors-increasing • Drop-out rate-decreasing • Average Family size- 6 • Population –62,509 	<ul style="list-style-type: none"> • MHO-0 • PHN-2 • RHM-15 -2 contractual -1 provincial paid • Procurement of medicines/supplies/ bidding • Information system - RHSIS - CBMIS * contraceptive users * Vitamin A * immunization - Assessment tool • Survey form- family 	<ul style="list-style-type: none"> • DOH • IRA • Grants (MGP) • PHO

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		Profile -Validation of Data-RHIS <ul style="list-style-type: none"> • Computerized monthly and summary reports of CBMIS -program encoder	
TB/DOTS	<ul style="list-style-type: none"> • CDR- 29% • Cure rate –36% • Conversion rate-84% • TB symptomatic exammea- 46% 	<ul style="list-style-type: none"> • MHO-0 • PHN-2 • RHM-15 <ul style="list-style-type: none"> -2 contractual -1 provincial paid • Procurement of medicines/supplies/ bidding • Information system <ul style="list-style-type: none"> - RHSIS - CBMIS <ul style="list-style-type: none"> * contraceptive users * Vitamin A * immunization - Assessment tool • Survey form- family Profile -Validation of Data-RHIS • Computerized monthly and summary reports of CBMIS -program encoder 	<ul style="list-style-type: none"> • DOH • IRA • Grants (MGP) • PHO
Vitamin A Supplementation	<ul style="list-style-type: none"> • GP- 98% • Routine supplementation- 98% (9 mos.-11mos.: 100,000 I.U) • Sick children • Pregnant and lactating women 	<ul style="list-style-type: none"> • MHO-0 • PHN-2 • RHM-15 <ul style="list-style-type: none"> -2 contractual -1 provincial paid • Procurement of medicines/supplies/ bidding • Information system <ul style="list-style-type: none"> - RHSIS - CBMIS 	<ul style="list-style-type: none"> • DOH • IRA • Grants (MGP) • PHO

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		<ul style="list-style-type: none"> * contraceptive users * Vitamin A * immunization - Assessment tool • Survey form- family Profile -Validation of Data- RHIS • Computerized monthly and summary reports of CBMIS -program encoder 	
HIV-AIDS/STI	-no cases-		

3. Strength and Accomplishments, Gaps and Needs

AREA OF CONCERN	STRENGTH/ ACCOMPLISHMENT	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> • Presence of trained health personnel • Adequate contraceptive supplies • Functional family planning clinic • Presence of case-referral hospital 	<ul style="list-style-type: none"> • No MHO • Inadequate FP supplies • RHN training <ul style="list-style-type: none"> - 2 RHM for IUD insertion - 2 RHM no basic training • Improvement of FP clinic • Examination table/goose neck lamp
TB-DOTS	<ul style="list-style-type: none"> • Increase conversion rate • Available drugs (type I & II) • Supportive LGU • Presence of case-referral hospital 	<ul style="list-style-type: none"> • Inadequate TB drugs/supplies • Low cure rate • Low case detection rate
Vitamin A Supplementation	<ul style="list-style-type: none"> • Available • Updated master list • Oriented personnel • Area validated (San Vicente,) 	<ul style="list-style-type: none"> • Inadequate supplies for 200,000 I.U • No supplies for AP 10,000 I.U • Sick children 100,000 I.U
HIV-AIDS/STI	<ul style="list-style-type: none"> • Trained personnel MHO_1 RHM- 2 • Presence of case-referral hospital 	<ul style="list-style-type: none"> • No trained personnel • Training of personnel

Session 3:

STRATEGY FORMULATION AND TA NEEDS IDENTIFICATION

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- ▣ Upgrading of health Information system
- ▣ Installation of TB treatment center and satellites posts for IPs
- ▣ Improvement of accessibility and mobility

CONSOLIDATED STRATEGIES

(Municipality of Asuncion)

- ☑ Standardization of health facilities for quality health care
- ☑ Request and lobby LCE and SP for filling-up of vacant position
- ☑ Capability enhancement of Health workers on TB.DOTS, Vit.A, HIV/AIDS
- ☑ Installation of TB center and satellite posts for IP's

TOP 3 STRATEGIES OF MUN. KAPALONG

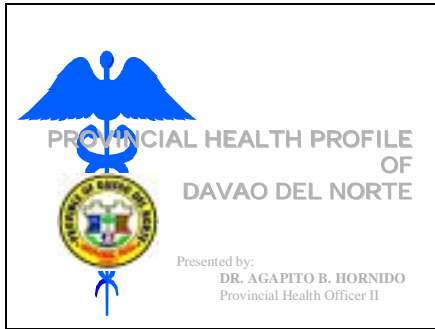
- ☑ Standardization of health facilities for quality health care
- ☑ Request and lobby LCE and SP for filling-up of vacant position
- ☑ Capability enhancement of Health workers on TB.DOTS, Vit.A, HIV/AIDS

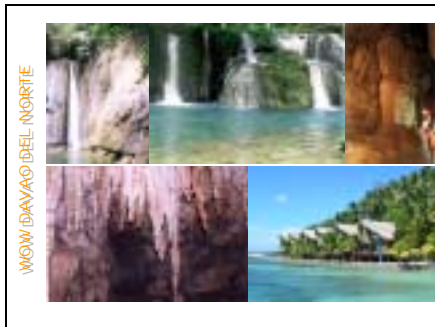
TYPES OF TA SUPPORT REQUESTED

- ✓ BHW competency on FP
- ✓ Family planning updates in new guidelines and in clients education for improved continuation
- ✓ IUD insertion and confidence support for midwives and nurses
- ✓ Establish group counseling approach for FP/sterilization client orientation (mini-workshop for couples)
- ✓ Improve Tb case findings
- ✓ Refresh and update staff and add new skills
- ✓ Strengthen HIV and STI surveillance
- ✓ Implement CBMIS, adding TB (provide frontline workers with child health and family planning information about the community)
- ✓ Support strategies for increase LGU financing of FP, HIV/STI/TB DOTS & Vit.A
- ✓ Supervision-strengthen technical support role of public health nurses, midwives etc.
- ✓ Warehouse management (RHU level, BHS level)

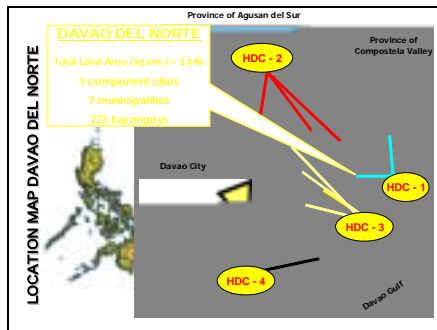
ANNEXES

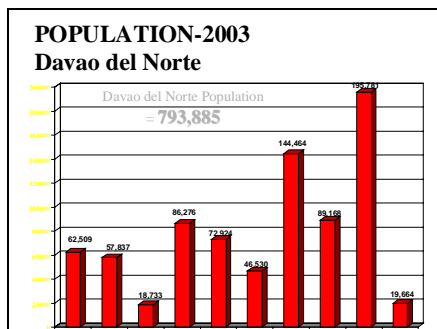
Annex A
Davao Del Norte Provincial Health Situation

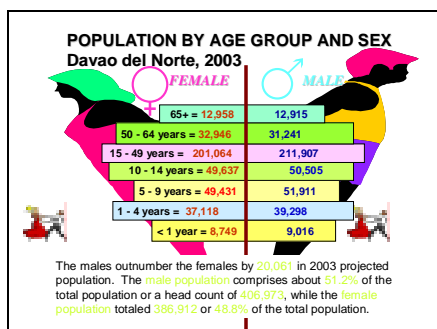












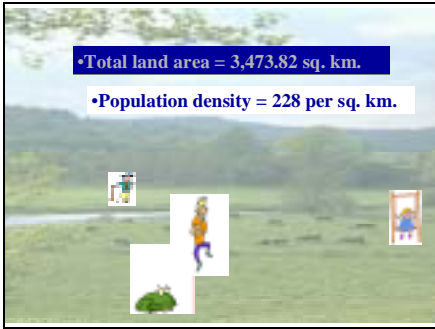
POPULATION GROWTH

- Increased from 671,333 (yr. 1995) to 793,885 (yr. 2003)
- Average growth rate is 2.16%
- Projected population = 1,217,513 yr. 2010



•Total land area = 3,473.82 sq. km.

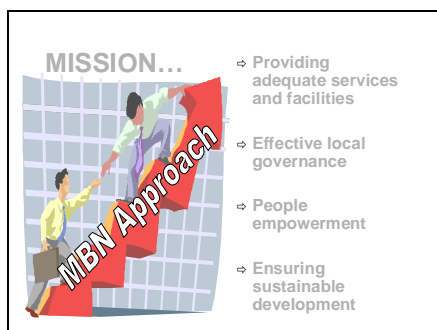
•Population density = 228 per sq. km.

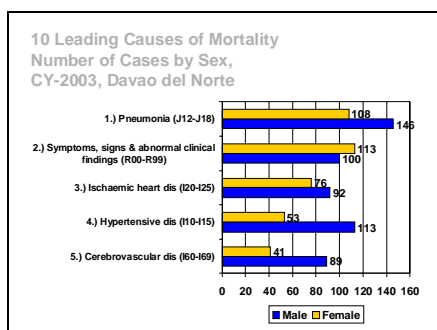


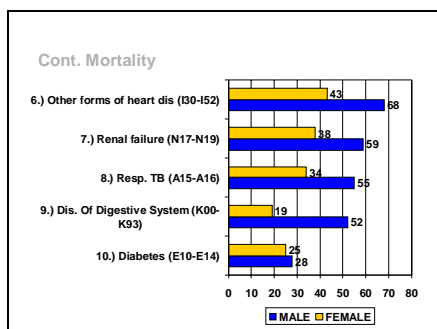
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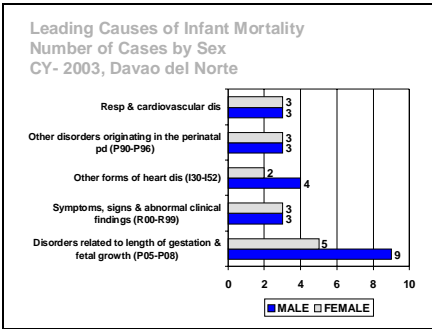


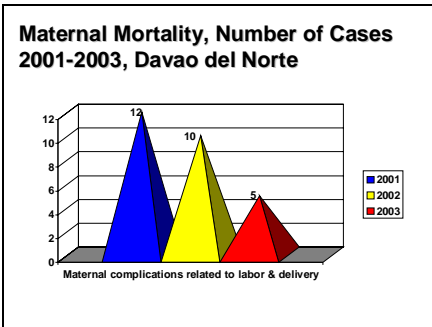
- Globally competitive
- Economically stable & peaceful
- Empowered Men & Women
- Gender fair society
- Ecologically balanced environment
- Sustainable development framework

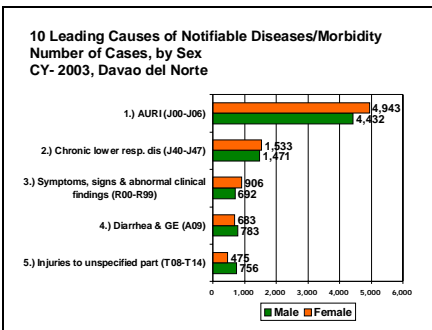


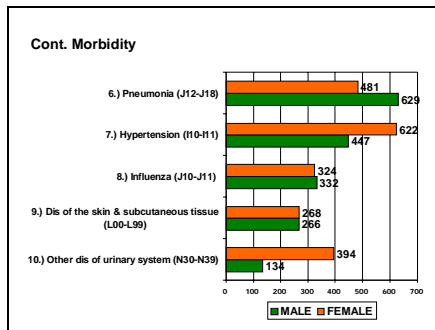


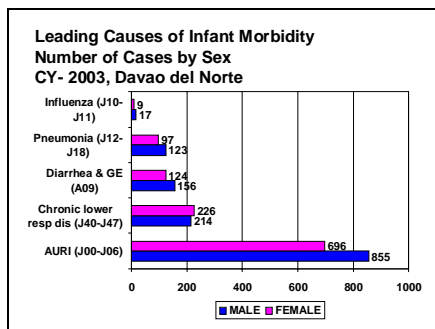


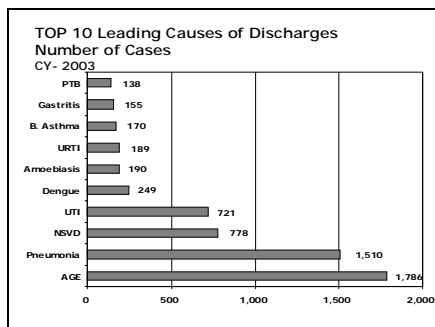


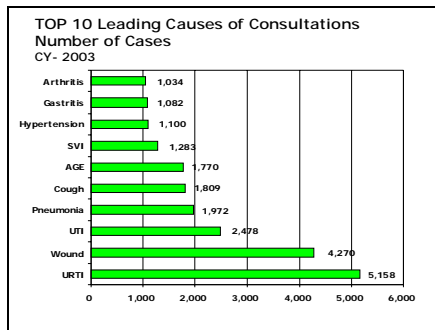


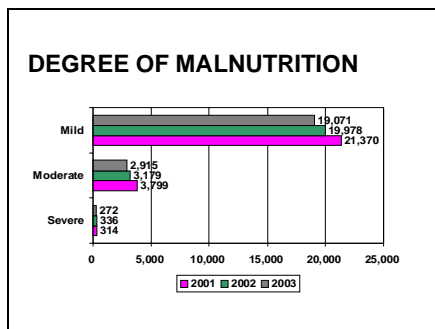


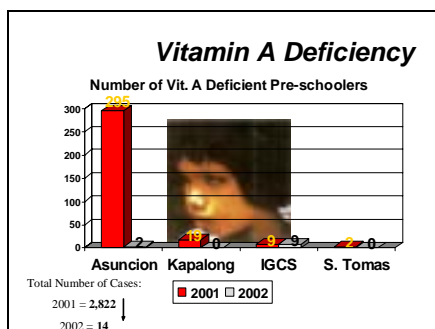




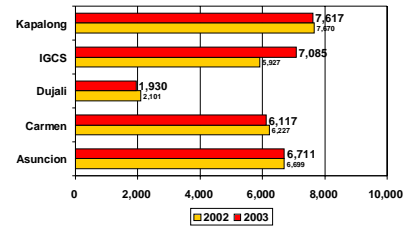




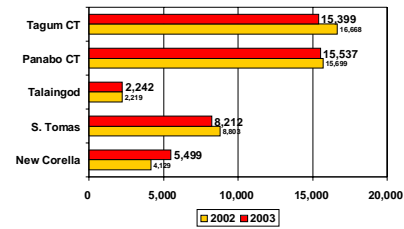




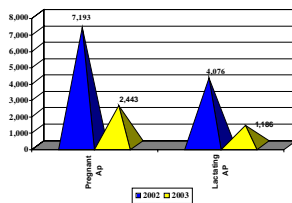
Vitamin A Coverage

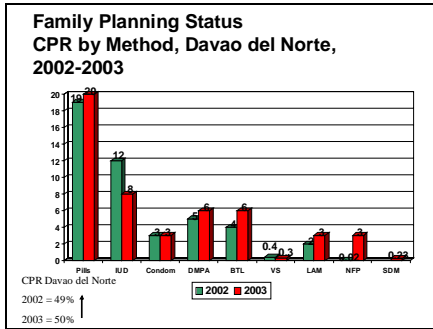


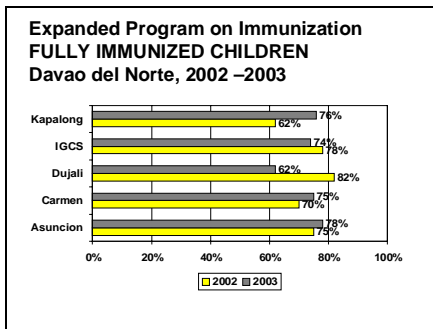
Vitamin A Coverage

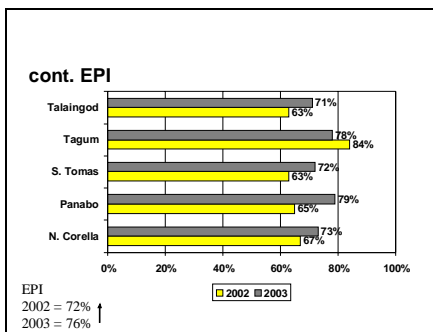


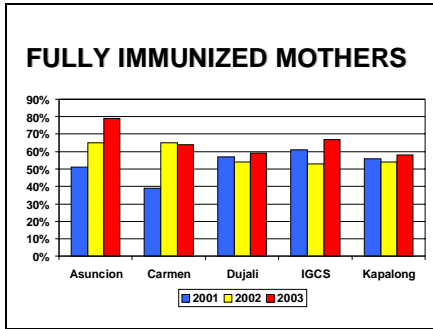
VITAMIN A COVERAGE FOR PREGNANT AND LACTATING WOMEN

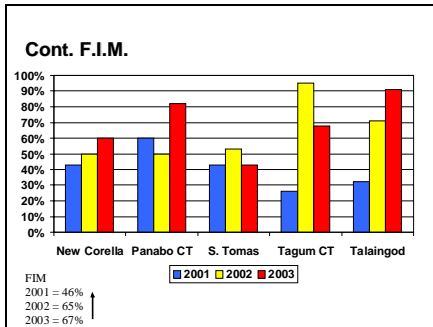


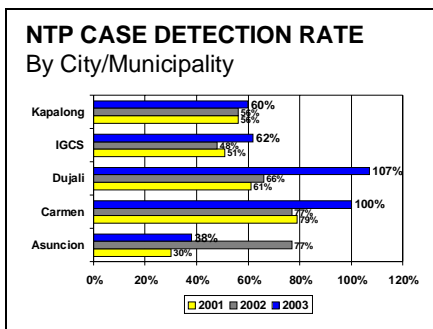




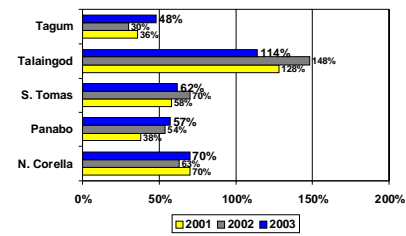




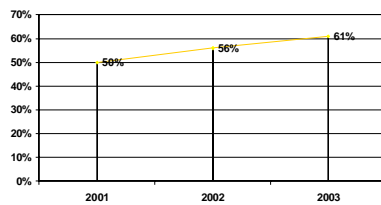




cont. **Case Detection Rate**

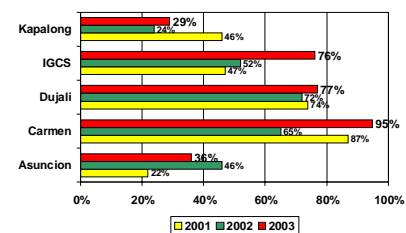


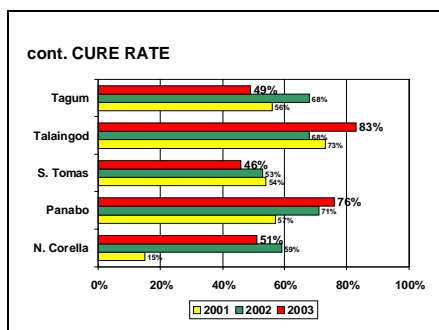
CASE DETECTION RATE
Davao del Norte

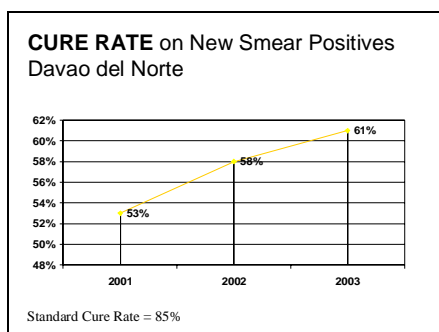


Standard CDR = 70%

CURE RATE FOR NEW SMEAR POSITIVES
By City/Municipality

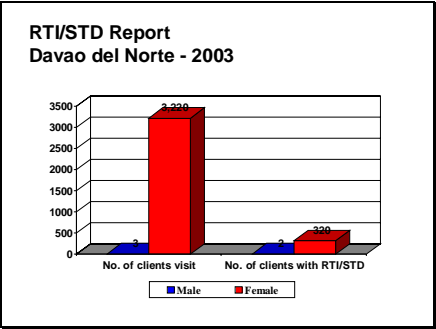


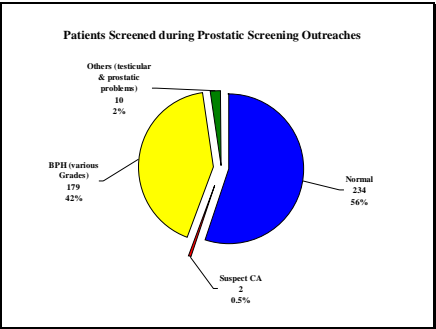




MALE REPRODUCTIVE HEALTH PROGRAM
Accomplishment for CY 2003

- ♦ Consultative Meetings = 5
- ♦ Prostatic and testicular cancer screening = 13 Mun.
- ♦ Symposium, Fora = 13 Mun.
- ♦ Advocacy = 34
- ♦ Number of clients screened = 467





BEST
Health Practices

❑ Indigents Assistance Program
by the Congressional Office



❑ Elderly Health Program
Initiated by Congressional Office



❑ Project Package for Zero
Malnutrition Barangays



☐ Health & Nutrition Post



☐ Early Childhood Care Development (ECCD)



☐ Special PHIC package for Major Surgeries



❑ Volunteer Barangay Sanitary Inspectors



❑ Exclusive Dental Health Outreach



❑ Male Reproductive Health Clinic



☐ Voluntary Blood Sufficiency Program



☐ Mental Health Outreach Program



☐ Schistosomiasis Control Program




LEAD for Health
 (Local Enhancement
 and Development for Health)



DAVAO DEL NORTE

- 10 LGUs (Asuncion, Dujali, Carmen, Kapalong, New Corella, Sto. Tomas, Talaingod, Panabo City, Tagum City, Island Garden City of Samal)
- 4 Inter-local Health Zones
- Total population = 1.2 million




PHILIPPINES

A. On Family Planning

- High population growth rate
 - 50% of population under 20 years of age
 - Unmet needs for FP (actual TFR > desired TFR)
 - Low rate of increase in CPR
 - 70% of services provided by government

B. On Tuberculosis

- Philippines ranks 8th worst in incidence
- Case detection and supply of drugs remain a problem



PHILIPPINES

C. On HIV/AIDS

- Possible epidemic if high-risk behaviors not drastically reduced
- Prevalence in high risk population <3%
- Prevalence in adult population < 1%

D. On Maternal and Child Health/ Vitamin A

- Vitamin-A deficiency: a widespread child nutrition problem
- Lack of alternative means of financing, distributing & administering capsules



Challenges in Managing Local Health Services

- Reaching more people in need of basic health services
- Improving the quality of these health services
- Ensuring that the delivery of these services is financially viable and sustainable.



LEAD for Health is a three-year project that supports local governments in the following areas:

1. Increasing the coverage of high-quality health services in FP, Vitamin A Supplementation, TB, and HIV/AIDS.



2. Strengthening the LGU management and health information systems; and
3. Creating local financing and policy environments to sustain these health services.



LEAD is designed to assist 530 LGUs nationwide over the next three years. The coverage represents:

- 40% of the total national population
- 80% of barangays/LGU



Assistance aims to :

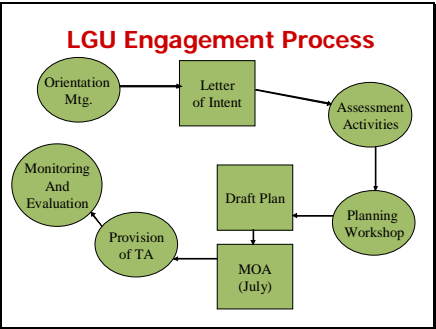
1. Increase local level support for Family Planning and Health Services
2. Improve the financial, management, technical capabilities of LGUs in providing FP/Vit. A Supplementation/TB/HIV-AIDS
3. Increase local and national policy support to health services



LEAD for Health Project **Phasing of** **Project Implementation**


Start-up Phase:	Oct. 03 – Jan. 04	LGUs covered
Test Phase:	Jan. – July 04	20
Initial Roll-out Phase:	Aug. – Dec. 04	90
Peak Performance Phase:	Jan. – Dec. 05	375
Assessment Phase:	Jan. – Sept. 06	45





How are we going to do it?

- Client-LGUs
- Close collaboration with:
 - Department of Health (central and regional)
 - Leagues
 - Philhealth
- Clustering Approach
- MOA for Technical Assistance (TA)
- Local Service Institutions and Organizations (SIOs)
- Possible selected direct funding for LGUs



**Special Strategy:
Contraceptive Self Reliance (CSR)**

- No more donor funding for contraceptives
- LGU-specific CSR Strategy: integral part of the assistance package to be provided to LGUs



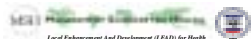
By the end of the project period, we expect to achieve the following:

- **A. Governance:**
 - a. Share of FP/TB/HIV-AIDS/MCH in LGU budget increased
 - b. Ordinances supporting enacted financing for FP/ other health services
 - c. Local CSR+ plan formulated and adopted
 - d. Enrollment of indigents under the National Health Insurance Program (NHIP) increased
 - e. LGU plan for strengthening services & improving quality FPHS adopted/implemented



By the end of the project period, we expect to achieve the following:

- **B. Family Planning and Health Systems:**
 - a. Health information system functional
 - b. Access to quality modern contraceptive supplies and services increased
 - c. Rate of drop-outs among pill & DMPA users reduced
 - d. All HIV/AIDS sites implementing interventions and improved surveillance activities



By the end of the project period, we expect to achieve the following:

- e. Improved treatment and diagnosis of TB
- f. Health volunteer network expanded
- g. Collaboration with private sector increased
- h. RHU-Sentrong Sigla certified and Philhealth accredited
- i. RHU providing routine Vitamin A Supplementation



Maraming Salamat po!



	Name	Agency / Office
1	Petronilo P. Jocson	Mun. Government (New Corella)
2	Michael O. Maghinay	CPDO-LGU (Tagum)
3	Robecca B. Simbajon	LGU (New Corella)
4	Wendelyn A. Brandino	LGU (New Corella)
5	Nancy Cacayorin	LGU (New Corella)
6	Lydia B. Cereno	CHO (Tagum)
7	Myrna L. Gazmen	CHO (Tagum)
8	Eugene M. Arado	PHO (Carmen)
9	Niptalez Nuñez Arena	PHO (Carmen)
10	Lorna Golea	PHO (Carmen)
10	Eleonor H. Salva	PHO
11	Myrna D. Veloso	MHO (Sto Tomas)
12	Roselle Y. Muliza	MHO (Sto Tomas)
13	Emelda Tan-Bendijo, MD	CHO
14	Eng. Zoilo C. Gudin Jr.	CPDO
15	Wenfred Lavadan	MHO (Samal)
16	Petronilo D. Ferrer	CHO (Babak)
17	Milaflor B. Mapanao	CHO (Panabo)
18	Ronelo C. Fernandez	MHO/LGU
19	Susan Lagmay	LGU (Carmen)
20	Brigida Q. Cudal	PPDO (Davao del Norte)
21	Dominador Traseturos	MHO-LGU

	Name	Agency / Office
22	Jean Escalante	SDH
23	Thelma Paye	MHO-LGU (Asuncion)
24	Benecio D. Tumanda Jr.	MPDC (Talaingod)
25	Florencia Corpus	MHO
26	Eileen S. Tud	HRMO-LGU (Talaingod)
27	Mary Val E. Cortez	MPDO (Asuncion)
28	Mary Joan J. Bersabe	CHD (Davao City)
29	Regina Sobrepeña	BLHD-DOH
30	Nilda F. Valiao	MHO-LGU (Asuncion)
31	Alferdo A. Lacerona	RHU (Kapalong)
32	Suzette Ramos	RHU
33	Nimfa E. Narciso	RHU (Kapalong)
34	Francisco G. Gipula Jr.	S.B.-LGU (Talaingod)
35	Arceli Cajés	PPDO